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SCIATICA AS A COMPLICATION OF CARCINOMA.

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(*Reprinted from the Montreal Medical Journal, March*, 1894.)

SCIATICA AS A COMPLICATION OF CARCINOMA.*

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We have all met with cases of carcinoma in or about the pelvis, in which there was, as a prominent symptom, pain down the course of the sciatic nerve. These, however, are not the cases I mean when I speak of sciatica complicating carcinoma. Such cases can be explained, either by direct pressure of the tumour upon the nerve or by invasion of the nerve by the contiguous cancer. In the cases I wish to bring before you to-night the cancer was situated at a distance from the nerve, and, in two in which autopsies were performed, no tumour of any kind was found in the abdomen or pelvis.

The cases are three in number, and the histories are briefly as follows :—

Case I.—Mrs. H., aged 36, came under my care in May, 1892, suffering from a severe sciatica on the left side. At that time there was inability to move the leg on account of the pain, and the affected thigh was one inch less than the other in circumference. There was marked tenderness down the course of the nerve from its point of exit nearly to the knee. She also complained of a swelling in the right breast. Twelve years previously a crochet needle had been run into the breast, and a year ago this tumour appeared as a small nodule at the site of the old injury. It had increased until, when I saw her, it was the size of a lemon, and extended from the nipple upwards and inwards toward the sternum. The nipple was very slightly retracted. The growth was hard, not movable over the subjacent tissues and the skin over it was reddened. There was also present a thickening and enlargement of the joint between the first two pieces of the sternum, a symptom which has been pointed out by Snow as of frequent occurrence. The tumour was removed by the usual operation, and proved to be a scirrhus carcinoma. The axillary glands were not enlarged. A vaginal examination was refused, but no abdominal tenderness or tumour could be made out externally. The patient shortly afterwards left the city and was lost sight of.

* Read before the Montreal Clinical Society, November 11th, 1893.

Case II.—A. G., aged 41, entered Montreal General Hospital January 10th, 1885, complaining of inability to move left leg without great pain. She had a large ulcerating carcinoma of left breast, on account of which she had been in the hospital before. While leaving hospital the last time this pain had come on and remained ever since. She died February 10th, 1885, and at the autopsy no secondary deposits were found anywhere in body.

Case III.—W. S., aged 60, was admitted to Montreal General Hospital, February 4th, 1886, complaining of cough, shortness of breath and pain in the chest, coming on about four months previously and gradually increasing. The physical signs were dullness over the lower part of front and side of right chest, with diminished respiration and coarse friction sounds. He was weak and kept to his bed. In April he developed sciatica in his left leg, and about a fortnight later in the right leg. He died May 24th, 1880, and at the autopsy was found a primary carcinoma of the right pleura, with secondary deposits in the lungs, liver, kidneys, and left supra renal capusule. There was no enlargement of the retroperitoneal glands, nor any apparent deposit about the nerve.

In these two latter cases there was unfortunately no examination made of the nerve microscopically, therefore the cause of the pain is left to conjecture.

It is to be observed in all three cases the absence of any of the usual causes of sciatica, exposure to cold, rheumatism, pelvic or abdominal tumours or disease of the spine, and the pain came on before the patient had become much debilitated.

In the first case, the pain came on when the patient was getting into bed, and came on so suddenly that she thought that something had broken or got out of place. The second patient had been confined to bed for some time and presumably had improved in health, for she was going down stairs preparatory to leaving the hospital when the pain came, slightly at first and gradually becoming more severe, until she was unable to move the limb. The third case had been in bed for two months when the pain appeared, and possibly asthenia may have been a causative factor here.

The only suggestion I can make as to the cause of the pain is that secondary deposits took place within the nerve itself, probably about some of the arterioles, and by the irritation and pressure produced by their presence, set up more or less neuritis, or the same condition may have been produced by some of the products of the cancer circulating in the blood. All these cases proved most rebellious to treatment, local and general. The affection was so severe that the patients were confined to bed and were obliged to remain at rest. The complication is comparatively rare, but it seems to be more than a mere coincidence that this nerve was picked out in all the cases, and I have no doubt more cases would be found were an inquiry instituted with that end in view.

An interesting point in the history of the second case, is that during her first stay in the hospital she had an attack of erysipelas, after which the carcinomatous ulcer healed to a great extent.